Periprocedural dalteparin sodium useful bridging anticoagulation

Periprocedural dalteparin sodium (low molecular weight heparin) reduces the risk of thromboembolic and major bleeding complications in patients at increased risk of arterial thromboembolism and requiring temporary interruption of warfarin therapy, report researchers from Canada.

They report outcomes from a patient registry including 650 patients aged 28–88 years who received a standardised anticoagulation treatment, including self-administered SC dalteparin sodium 100 IU/kg twice daily (mean of 5.4 doses) 3–4 days prior to an invasive procedure; warfarin treatment was stopped a mean of 5.7 days before the procedure (depending on the target INR), antiplatelet therapy was interrupted 7 days preprocedure, and patients received oral phytomenadione 1mg 3–4 days preprocedure if their INR was ≥ 3.0. Patients required warfarin therapy because of a mechanical heart valve, chronic atrial fibrillation, previous stroke or transient ischaemic attack with a presumed embolic source.

Major bleeding complications occurred in 1–2% of patients (depending on the bleeding risk of the procedure). Thromboembolic complications had an incidence of 0.6%. Two patients died, possibly due to thromboembolism. Excessive postprocedural bleeding occurred in 32 of the 542 patients who underwent a non-high-bleeding-risk procedure; these patients were not treated with postprocedural dalteparin and received warfarin instead.

Douketis JD, et al. Low-molecular-weight heparin as bridging anticoagulation during interruption of warfarin: assessment of a standardized periprocedural anticoagulation regimen. Archives of Internal Medicine 164: 1319-1326, No. 12, 28 Jun 2004

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